PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

265/22/

		CLAIMS A	S FILED - Columr)			mn 2)		SMALL EI TYPE 🗆	NTITY	OR	OTHER SMALL	
TO	TAL CLAIMS			3				RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			33 minus 20=		* <i>13</i>			X\$ 9=		OR	X\$18=	234
INDEPENDENT CLAIMS			5 minus 3 =		* 2-			X42=	8	OR	X84=	168
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	-
* If	the difference	in column 1 is	less than z	ero, ente	"0" in column 2			TOTAL		OR	TOTAL	<u>.</u>
CLAIMS AS A			MENDED - PART II						<u> </u>		OTHER	THAN
		(Column 1)	(Colur		mn 2) (Column 3)		SMALL		ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	<u> </u>	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.24	Minus	<u> </u>	3	=	H	X\$ 9=		OR	X\$18=	
	Independent	pendent * 3 Minus *** ST PRESENTATION OF MULTIPLE DEPENDEN			5 01 4114	-		X42=		OR	X84=	
	FIRST PRESE	NIATION OF MI	JLTIPLE DE	PENDEN	CLAIM		<u>ا</u> ا	+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	10011. FEE			ADDII. I CE.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	-	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 6	Minus	** 3	3	=		> X\$ 9=		OR	X\$18=	1
	Independent	* /	Minus	***	S CI AIM		H	X42=		OR	X84=	
L.	FIRST PRESE	INTATION OF MIC	JUITPLE DEI	PENDENI	CLAIIVI		,	+140=		OR	+280=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)	,	ADDIT. FEE I		•	ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=			X84=	
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	LTIPLE DEPENDENT			」 ├			OR		
	If the entry in colu	ımn 1 is less than ti	he entry in col	umn 2. writ	e "0" in co	ılumn 3.	Į	+140=		OR	+280=	
**	If the "Highest Nu	ımber Previously P	aid For" IN TH	IS SPACE	is less tha	in 20, enter "20.	·" /	TOTAL ADDIT. FEE	,	OR	TOTAL ADDIT. FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

NOTICE OF FEE DUE



DATE:	01-12-02 OFFE		•
TO:	OTPE		ser"
FROM:	Office of Initial Patent Examir	nation	
SUBJECT	: Fee Due		
APPLICA'	TION NUMBER: 100 39	9627	
Office for tauthorization	e for the attached document sub the following reason. Please che on to charge a deposit account. appropriate fee. If an authorizat ciency.	eck the applicatio If an authorizatio	n for the appropriate n is present, please
☐ Insuffic	cient fee by check		•
Insuffic	ient funds in deposit account	•	
□ Decline	d credit card		
□ Non aut	horization for charge to deposit	account	
□ No fee s	submitted per requirement *		
	,	*.	
The correct	fee code:	amount	\$
The suspen	ded fee code: 197	amount	- \$
Fee Due		amount	=\$
	any questions, please contact Cytz at 703-308-3642.	ynthia Streater at	703-306-5430 or
Terminal O _I	perator Ahmed		